



*** Tips For *** **Nursing Mothers** **Hypoglycemia, Cesarean Section,** **and Jaundice**



Imagine that just moments ago you gave birth to your new baby. Your baby was placed onto your chest so you could cuddle skin to skin. You've gazed into your baby's eyes, counted fingers and toes, and breathed a sigh of happy relief. Now it's time to nurse your baby.

It's ideal to nurse the baby for the first time within 30 to 60 minutes after birth. This is when babies are usually alert and eager to get to know their mothers. While they may not be very hungry, many babies already know that sucking can be soothing, and they will feel calm and relaxed suckling at the breast.

Most babies nurse well from the start. But, some conditions can make the first nursing harder. If you want help, ask for the breastfeeding specialist to assist you.

Hypoglycemia

Some babies show signs of hypoglycemia (low blood sugar) at birth. Signs of hypoglycemia include: sluggishness, poor feeding, slack muscle tone and jitteriness. Many hypoglycemic babies show no signs, however. Babies that are at risk for hypoglycemia at birth include babies of diabetic mothers, premature babies, and small-for-gestational-age babies.

Hypoglycemic babies need to eat fairly soon and often. Colostrum, the nutrient-rich first milk, is an excellent food for these babies. If feeding at the breast is hard, colostrum can be expressed and fed with a cup, eyedropper

or other feeding method. These feeding methods also can be used to feed formula if a baby must be fed something other than breastmilk. A baby sucks differently on a breast than on a bottle nipple. Avoiding a bottle during the first days can prevent nipple confusion.

Cesarean Section

If your baby was born by cesarean section and you had an epidural, you can still breastfeed the baby in the first 30 to 60 minutes after birth--or soon thereafter. If the nursing staff knows that this is your goal, they can work with you to help hold the baby during the first feeding. Later, ask for help in learning good positions for cesarean deliveries. The football hold, where the baby is held alongside you and tucked under your arm like a football, is a good option. Another tip is to rest the baby on a pillow in the cradle hold, so he is not directly on your incision. Sometimes nursing while lying on your side or back is comfortable. If you have had general anesthesia, you will be able to nurse the baby as soon as you wake up.

Complications

If, for some reason, you cannot feed your baby at the breast right away, you can request that your baby *not* be fed by a bottle, but by another feeding method, such as cup or eyedropper.

You can pump your colostrum and breastmilk for the baby. The nursing staff can help you with this and you can use a hospital pump.

Lactation consultants, breastfeeding counselors and La Leche League leaders can also help.

Jaundice

Jaundice in newborns is very common and usually appears at about 3 to 4 days. There are two kinds of jaundice:

1. Newborn jaundice. One of the best ways to prevent or treat this kind of jaundice is to breastfeed the baby often. The baby should be offered the breast every 1 ½ to 3 hours during the day, with no more than four hours between feedings at night. Colostrum has a laxative effect which helps the baby pass stools. Stooling often reduces the risk of jaundice.

Sometimes the baby will need treatment, such as special lights. These lights can be used in the hospital, at home, or in the form of a special baby blanket. Feeding water does not help jaundiced babies; feeding breastmilk does.

2. Late-onset jaundice. This type of jaundice occurs when the baby is several weeks old. After ruling out all other possible causes for the jaundice, the doctor may want to test the baby's blood after you have stopped nursing for 24 hours. During this 24 hours, the baby can be fed formula from a cup, eyedropper or syringe. You will need to pump your milk so your breasts don't become uncomfortably full. If your baby has late onset jaundice, you can keep on breastfeeding - the jaundice will slowly fade.

Helpful hints while in the hospital:

- Request that the baby "room-in" with you in your room instead of the nursery. If the baby must go to the nursery, ask your partner or a friend to stay with the baby and bring the baby to you when the baby show signs of being hungry.
- Regularly remind all hospital staff that you are nursing.
- Ask for help from a lactation consultant or breastfeeding counselor if necessary.
- In working to find solutions to various problems, remind the doctor and hospital staff that it is your goal to continue breastfeeding.

If you have questions about breastfeeding, contact your local:

WIC Breastfeeding Counselor:

La Leche League Leader:

Lactation Consultant:
